

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: SUNRISE HOUSE ADULT FAMILY CARE (390152)
Address: 941 N MEMORIAL DR, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 01/01/1997
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093405 **End Date:** 09/07/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009027 Served 10/12/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS		
88.06(3)(f)	REVIEW OF ISP		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		

Survey ID: 0092559 **End Date:** 05/13/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Enforcement History

Date: 10/06/2004 SOD #10009027 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary
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Complaint History

Date Complaint Received: 08/13/2004

Date Investigation Completed: 08/26/2004

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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